

## **Application Instructions**

This course application covers all levels of EMS education through the Wyoming OEMS. You have two options for application completion.

1. You can print the application and submit it by mail
2. You can complete the application digitally and email it back to the OEMS. (Digital signature is acceptable).

All NREMT Psychomotor Examinations require 4-6 weeks for scheduling after confirming a date with the OEMS.

All students participating in a NREMT Psychomotor Examination are required to establish an online account with NREMT @ [www.nremt.org](http://www.nremt.org).

All Requests should be submitted to Coleen King at [coleen.king@wyo.gov](mailto:coleen.king@wyo.gov)

**STATE OF WYOMING**  
**OFFICE OF EMERGENCY MEDICAL SERVICES**  
**COURSE REQUEST**  
(Please print or type)

City \_\_\_\_\_ Proposed Starting Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Students \_\_\_\_\_

Class Location: \_\_\_\_\_

EMS Agency Requesting \_\_\_\_\_

Has the surrounding area been contacted about the course? ☐ YES ☐ NO

Is the course offered for your specific agency only? ☐ YES ☐ NO

Will you be requesting a NREMT sanctioned Psychomotor Exam? ☐ YES ☐ NO

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Anticipated course cost (including text/work books): \$ \_\_\_\_\_

Course cost for college credit: \$ \_\_\_\_\_

**Education Level Requested:**

☐ **EMR**

☐ **EMT**

☐ **AEMT**

☐ **EMT-I**

☐ **AEMT/EMT-I Combined Course**

☐ **Paramedic**

**Instructor Level:**

EMT; AEMT; EMT-I; Paramedic; ER/ICU/OB  
RN; Healthcare Professionals, i.e. pharmacist, RT;  
ATLS/ACLS Physician

EMT; AEMT; EMT-I; Paramedic; ER/ICU/OB  
RN; Healthcare Professionals, i.e. pharmacist, RT;  
ATLS/ACLS Physician

AEMT; EMT-I; Paramedic; ER/ICU/OB RN;  
Healthcare Professionals, i.e. pharmacist, RT; ATLS/  
ACLS Physician

EMT-I; Paramedic; ER/ICU/OB RN  
Healthcare Professionals, i.e. pharmacist, RT  
ATLS/ACLS Physician

AEMT; EMT-I; Paramedic; ER/ICU/OB RN;  
Health Care Professionals, i.e.; pharmacist, RT;  
and ATLS/ACLS Physician

Paramedic; ER/ICU/OB RN; Health Care Professionals,  
i.e.; pharmacist, RT; and ATLS/ACLS Physician

Please note: Courses receiving funding from the OEMS are considered open to the public, unless special approval is provided by the OEMS and not otherwise prohibited by Rule. EMR courses are not supported by funding from the OEMS.

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**ENTRANCE REQUIREMENTS**  
**Affects AEMT /EMT-I and Paramedic Levels Only**

Rules and Regulations for "Wyoming Emergency Medical Services Act of 1977" W.S. 33-36-101 (2008 Revision), Chapter 6, Section 7(a)(i)(A)(B) Students shall be admitted to an AEMT/EMT-I training program only if they: are currently certified by the Division as an EMT; Show evidence of twelve (12) months of active affiliation with a Wyoming licensed ambulance service as an attendant or are currently certified by the Division as an EMT and a member of a Division recognized fire protection service, and show evidence of having completed twelve (12) months of active affiliation with the Division recognized fire protection service providing basic patient care.

The OEMS has the authority to review requests on a case by case basis to grant individuals the ability to enroll in an AEMT; AEMT/EMT-I; Paramedic course prior to completing 12 months of active affiliation with a Division recognized ambulance service for fire protection service.

Rules and Regulations for "Wyoming Emergency Medical Services Act of 1977" W.S. 33-36-101 (2008 Revision), Chapter 6, Section 7(a)(v)(vi) requires the following:

The student applicant will also complete a pre-course written examination achieving a minimum score of 80%. This exam shall be completed not more than thirty (30) days prior to the start of the AEMT **or**

A *Performance Review* shall be documented on the student application and submitted to the OEMS prior to acceptance into the AEMT or EMT-I Course. The *Performance Review* shall include all EMT skills as tested in the EMT practical examination process.

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**Local Course Coordinator:**

We want to thank you for your interest and time in serving in the position. You will serve as the local contact for the EMS office for this course. By signing below, you accept the responsibility for all duties expected of a course coordinator and agree to provide the following:

- Classroom location adequate for the class size
- Qualified instructors for each class
- Ensure that each class adequately covers material assigned for the time frame
- Ensure all clinical time is completed
- Didactic material and practical skills are instructed thoroughly and according to an approved outline
- Attendance is monitored
- Required paperwork and forms completed and turned in to the OEMS
- Instruction and oversight consistent with high standards of academic integrity

**Coordinator:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**City, State and ZIP:** \_\_\_\_\_

**Phone # work:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Physician Medical Director:**

We want to thank you for your time and interest in serving in this position. By signing below you are confirming:

- That you will serve as the medical authority for the operation of this course;
- That you will review all course materials;
- That you will provide for physician educator participation in the course.

**Physician Medical Director:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_